

NAME of VALOR STUDENT NURSE TECH: \_\_\_\_\_

UNIT: \_\_\_\_\_

Nurse Manager: \_\_\_\_\_

# VALOR STUDENT NURSE PACKET

Contents separated by sectional headings

Welcome letter

Copy of Forms PRECEPTOR will complete

Last Days Forms VALOR SNT to complete and return

Pre-Program Forms to complete and return during orientation

- If this packet is found, please return to the manager named above.



Harry S. Truman Veterans' Memorial Hospital Nursing VALOR STUDENT NURSE TECHNICIAN,

Welcome,

Please wear the VALOR pin on your SNT tag with pride. You are one of a very select individuals in the nation and only two in this institution. Due to the limited number of VALOR SNT, many employees will not know what you can and cannot do. It is imperative that you speak up. Keep our Veterans safe by only doing what the VALOR SNT policy allows. You are to be paired with an RN preceptor and supervised by the preceptor while learning selected aspects of the RN role. Please read, know, and follow the SNT VALOR policy.

**As a VALOR SNT you will be limited to 400 hours and have agreed to complete 400 hours prior to September 30, 2019.** Thus- keep track of your hours. You are paid on what is called a regular straight time base rate of 80% of Nursing students as Nurse 1/Level1. This means you will not be eligible to receive premium pay for holidays, working weekends or evening shifts. Overtime is not permitted. (The amount of time you work must be reported to National. Susan will be contacting managers for the hours worked). In this folder is a time sheet to help you keep track of days and hours worked.

As an employee, you are required to complete your TMS required learning assignments. You are responsible for speaking with your manager regarding additional live classes that you must enroll in on TMS system. For example, you will need to enroll in Basic Cardiac Rhythm Interpretation (BCRI) class on the TMS system. Always speak with your manager before enrolling in any class on TMS.

Days of class you should check in and out with your unit before and after class to have those hours counted by your time keeper.

Also in this book is a copy of what your preceptor will need to complete during and after your employment here as a VALOR student. (It's nice to know what you are being evaluated on).

You will need to take responsibility for your own learning and documentation of those skills. Do NOT perform any skill you do NOT have a documented competency on unsupervised. For example, any skill that is on the SNT sheet that you have not yet covered in your nursing program, you will need to have your preceptor supervise your performance and document your performance. Print off the Clinical Skills Checklist on that skill/procedure and give to your preceptor to record your progress. Attach the completed competency onto your recorded competency booklet being turned in at the completion of the 400 hours. Be sure to only perform skills that you are allowed in your role to perform.

I wish you a summer full of learning while you work to improve the health of our Veterans.

Susan E. McCoy, MSN, BSN, RN X53513

VALOR SNT COORDINATOR

**CLASSES THAT VALORS ARE TO ATTEND: Some of these if hired as an RN will need to repeat since role and licensure will be different for example Nurse Orientation.**

<b>Date</b>	<b>Class Name</b>	<b>Special Instructions</b>
5/28;5/29;5/30; 5/31	New Employee Orientation	<b>All new employees must attend</b>
6/3/2019	Nurse Orientation	Requirement of all PCS
6/4/2019	Nurse Orientation	""
6/5/2019	Nurse Orientation	" "
6/6/2019 after 12 noon	Nurse Competency Day	Requirement of all PCS
6/12/2019	VALOR DIDATIC/SIM DAY	Day with Susan
6/14/2019	VALOR DIDATIC/SIM DAY	Day with Susan
6/20/2019	Skin Care Class (Nurse Orientation)	Requirement of all PCS
7/17/2019	Palliative Care Seminar for RN TTP	Audit see what RN TTP is about meet Palliative Care; Chaplain, etc...
7/18/2019	BCRI (*Pre-register)	Pre-register talk to manager; this is a class that may help with school as well as help you get hired into a specialty area or get hired into a telemetry role
7/19/2019	BCRI Day two	
7/23/2019	Safe Patient Handling URL	*Come see a VISN wide education with experts from all areas. Opportunity to see what joining committees entail.
8/1/2019	BCRI EXAM	Must pass to be able to show competency and watch any monitor without supervision.

**Other live classes offered to RN's you might be able to AUDIT without credit. (Cannot receive official TMS credit or official CEU since not yet an RN but will get an audit of class on TMS). If offered an RN role at the VA upon graduation; you might be able to test out of some classes for specialty areas. Many may help with school.**

**Besides the dates above here are additional dates that if not in school can register for and attend if you get managers permission.**

Aug 19 & 20, 2019=12 Lead EKG

# -VALOR SNT CUMULATIVE HOURS WORKSHEET PAGES

VALOR has agreed to work 400 hours (no less, no more) by September 30, 2019. VALOR is to complete these pages and share with manager to ensure correct hours are worked to meet program requirements.

Completed forms to be turned into VALOR Coordinator at end of 400 hours.

Draft of Calendar to assist SNT VALOR plan schedule with manager



NAME:	Arrival Time	Departure Time	Hours worked	Class or Unit (Cumulative hours worked)
Monday May 27, 2019				Memorial Day
Tuesday, May 28, 2019			8	NEO (i.e. 8 hours)
Wednesday, May 29, 2019			8	NEO (16 hours)
Thursday, May 30, 2019			8	NEO( 24 hours)
Friday, May 31, 2019			8	NEO (32 hours)
Saturday, June 1, 2019				
Sunday, June 2, 2019				
Monday, June 3, 2019			8	Nurse Orientation (40 hours)
Tuesday, June 4, 2019			8	Nurse Orientation (48 hours)
Wednesday, June 5, 2019			8	Nurse Orientation (56 hours)
Thursday, June 6, 2019				Nurse Comp
Friday, June 7, 2019				
Saturday, June 8, 2019				
Sunday, June 9, 2019				
Monday, June 10, 2019				
Tuesday, June 11, 2019				
Wednesday, June 12, 2019				VALOR DIDATIC DAY
Thursday, June 13, 2019				
Friday, June 14, 2019				VALOR DIDATIC DAY
Saturday, June 15, 2019				
Sunday, June 16, 2019				
Monday, June 17, 2019				
Tuesday, June 18, 2019				
Wednesday, June 19, 2019				
Thursday, June 20, 2019				Skin Care Class
Friday, June 21, 2019				
Saturday, June 22, 2019				
Sunday, June 23, 2019				
Monday, June 24, 2019				
Tuesday, June 25, 2019				
Wednesday, June 26, 2019				
Thursday, June 27, 2019				
Friday, June 28, 2019				
Saturday, June 29, 2019				
Sunday, June 30, 2019				

Initials: \_\_\_\_\_; signature \_\_\_\_\_  
 (Self Tracking of amount of 400 hours worked. as VALOR student)

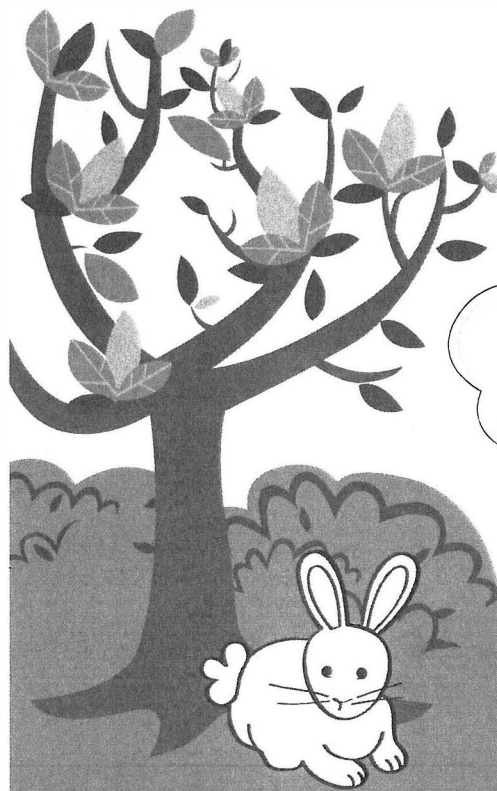
NAME:	Arrival Time	Departure Time	Hours worked	Cumulative time worked (limit 400)
Monday, July 1, 2019				
Tuesday, July 2, 2019				
Wednesday, July 3, 2019				
Thursday, July 4, 2019				
Friday, July 5, 2019				
<b>Saturday, July 6, 2019</b>				
<b>Sunday, July 7, 2019</b>				
Monday, July 8, 2019				
Tuesday, July 9, 2019				
Wednesday, July 10, 2019				
Thursday, July 11, 2019				
Friday, July 12, 2019				
<b>Saturday, July 13, 2019</b>				
<b>Sunday, July 14, 2019</b>				
Monday, July 15, 2019				
Tuesday, July 16, 2019				
Wednesday, July 17, 2019				Palliative Care Seminar
Thursday, July 18, 2019				BCRI (preregister on TMS)
Friday, July 19, 2019				BCRI (preregister on TMS)
Saturday, July 20, 2019				
Sunday, July 21, 2019				
Monday, July 22, 2019				
Tuesday, July 23, 2019				Safe Patient Handling URL
Wednesday, July 24, 2019				
Thursday, July 25, 2019				
Friday, July 26, 2019				
Saturday, July 27, 2019				
Sunday, July 28, 2019				
Monday, July 29, 2019				
Tuesday, July 30, 2019				
Wednesday, July 31, 2019				
Tuesday, August 1, 2017				

My Initials: \_\_\_\_\_; My signature \_\_\_\_\_  
 Self-Tracking of amount of 400 hours worked.



<b>NAME:</b>	<b>Arrival Time</b>	<b>Departure Time</b>	<b>Daily Hours worked</b>	<b>Cumulative time worked ( 400 before Sept 30, 2019)</b>
Thursday, August 1, 2019				
Friday, August 2, 2019				
Saturday, August 3, 2019				
Sunday, August 4, 2019				
Monday, August 5, 2019				
Tuesday, August 6, 2019				
Wednesday, August 7, 2019				
Thursday, August 8, 2019				
Friday, August 9, 2019				
Saturday, August 10, 2019				
Sunday, August 11, 2019				
Monday, August 12, 2019				
Tuesday, August 13, 2019				
Wednesday, August 14, 2019				
Thursday, August 15, 2019				
Friday, August 16, 2019				
Saturday, August 17, 2019				
Sunday, August 18, 2019				
Monday, August 19, 2019				
Tuesday, August 20, 2019				
Wednesday, August 21, 2019				
Thursday, August 22, 2019				
Friday, August 23, 2019				
Saturday, August 24, 2019				
Sunday, August 25, 2019				
Monday, August 26, 2019				
Tuesday, August 27, 2019				
Wednesday, August 28, 2019				
Thursday, August 29, 2019				
Friday, August 30, 2019	My Initials: _____; My			
<b>Saturday, August 31, 2019</b>	signature _____			

<b>NAME:</b>	<b>Arrival Time</b>	<b>Departure Time</b>	<b>Daily Hours worked</b>	<b>Cumulative time worked (limit 400 before Sept 30, 2019)</b>
Sunday, September 1, 2019				
Monday, September 2, 2019				
Tuesday, September 3, 2019				
Wednesday, September 4, 2019				
Thursday, September 5, 2019				
Friday, September 6, 2019				
Saturday, September 7, 2019				
Sunday, September 8, 2019				
Monday, September 9, 2019				
Tuesday, September 10, 2019				
Wednesday, September 11, 2019				
Thursday, September 12, 2019				
Friday, September 13, 2019				
Saturday, September 14, 2019				
Sunday, September 15, 2019				
Monday, September 16, 2019				
Tuesday, September 17, 2019				
Wednesday, September 18, 2019				
Thursday, September 19, 2019				
Friday, September 20, 2019				
Saturday, September 21, 2019				
Sunday, September 22, 2019				
Monday, September 23, 2019				
Tuesday, September 24, 2019				
Wednesday, September 25, 2019				
Thursday, September 26, 2019				
Friday, September 27, 2019				
Saturday, September 28, 2019				
Sunday, September 29, 2019				I have completed my 400 HOURS and no more on: _____
Monday, September 30, 2019				
My Initials: _____ ; My signature _____				



May  
2019

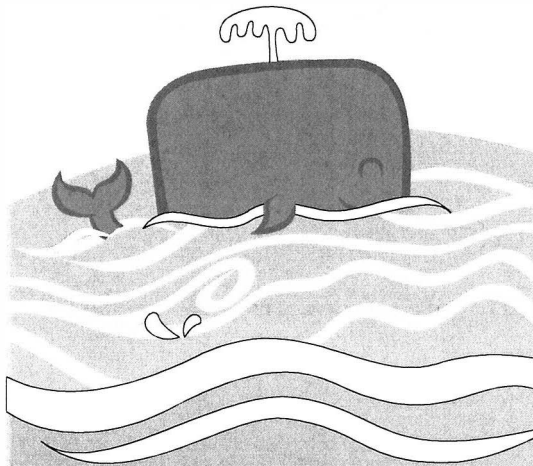
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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**VALOR SNT: Draft calendar for classes if start May 28**

05	06	07	08	09	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24 12 Lead ?	25
26	27 MEMORIAL DAY	28 New Employee Orientation (NEO)	29 NEO	30 NEO	31 NEO	01

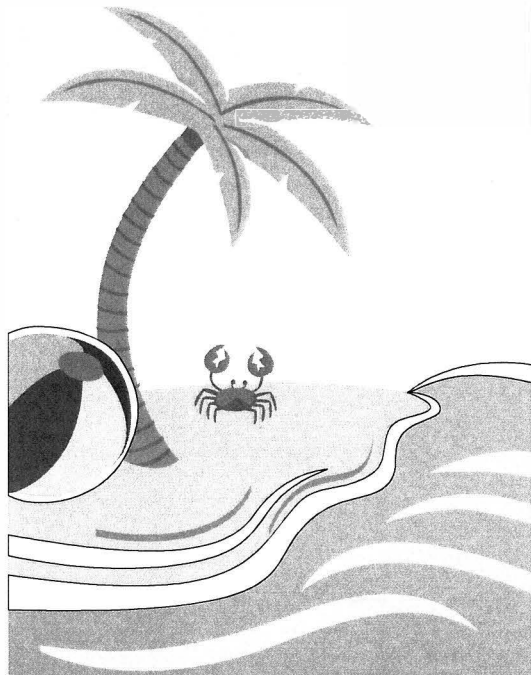
You are responsible for your own schedule.

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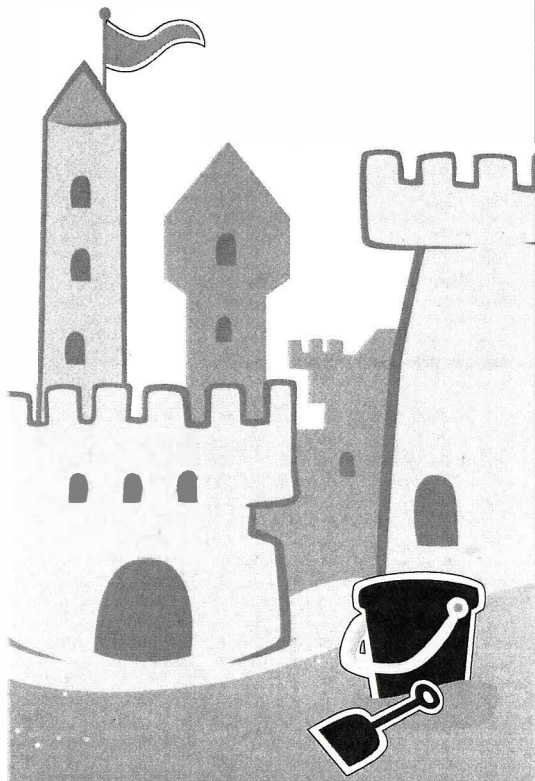
June  
2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	31	01
02	03 07:30-16 Nurse Orient	04 07:30-16 Nurse Orient	05 07:30-16 Nurse Orient	06 07:30 home unit  12:00Nurse Competency	07	08
09	10	11	12 07:30-16:00 VALOR DIDATIC DAY room 546	13	14 07:30-16:00 VALOR DIDATIC DAY 526 then G017 & 522 as needed	15
16	17	18	19	20 B300 08:00-12:00 Skin Care Class	21	22
23	24	25	26	27	28	29
30	01	02	03	04	05	06



# July 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	01	02	03	04 JULY 4	05	06
07	08	09	10	11	12	13
14	15	16	17 07:30-16 RN TTP DIDATIC DAY Palliative Care	18 Sign up and take BCRI 07:30-16:00	19 Sign up and take BCRI 07:30-16:00	20
21	22	23 Safe Patient Handling Class Time ?	24	25	26	27
28	29	30	31	01 BCRI TESTING then to unit	02	03
04	05	06	07	08	09	10



# August 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	01	02	03
04	05	06	07	08	09	10
11	12	13	14	15	16	17
18	19 TBD best guess back at school by this time	20	21	22	23	24
25	26	27	28	29	30	31
01	02	03	04	05	06	07

## Preceptor Form Copies

-Copies of forms given to preceptor to complete during and at end of your contracted 400 hours of employment as a SNT VALOR.

### ➤ Policy 10 Employment of Student Nurse Technician

- If unable to get a past nursing instructor to complete the knowledge and skill inventory, the VALOR SNT may not do any of these skills unsupervised until signed off by preceptor. Anticipate this did not occur and have your preceptor supervise you doing these skills until signed off as competent to do unsupervised.

### ➤ VALOR Preceptor/Student Clinical Evaluation Report Truman VA

### ➤ Student Nurse Technician & VALOR SNT Skills inventory Competency Verification

- Preceptor to complete both forms during program.
- Upon SNT VALOR working 400 contract hours, forms to be returned to VALOR Coordinator Susan McCoy, LO 526





### EMPLOYMENT OF RN STUDENT NURSE TECHNICIANS (SNT)

1. **PURPOSE:** To establish guidelines for the orientation and function of student nurse technicians.

2. **POLICY:**

a. SNTs function under the supervision of a registered nurse (RN).

b. Orientation of SNTs will be a joint effort shared by the student, Learning Organization, and Nurse Managers. It will include the following:

- (1) CPR certification documentation;
- (2) Body mechanics and safe patient handling and movement equipment and device;
- (3) Basic computer access, vital signs package and mailman instruction;
- (4) Mandatory review packet;
- (5) At least two shifts "buddied" with experienced nursing staff to learn basic routines;
- (6) "SNT Orientation Checklist" completed by orientation staff.

c. SNTs function under a Nursing Assistant GS 3/4/5 performance standard. They may perform all functions on the SNT Knowledge and Skills Inventory (attached) consistent with their academic experience, as verified by the signature from their school of nursing or submission of the signed competency checklist from their school of nursing. SNTs are encouraged to submit a copy of their school competency checklist.

(1) Limitations:

(a) Medications: A SNT may **NOT** administer any medications.

(b) Intravenous Therapy: A SNT may **NOT** administer IV fluids, medications, or blood products.

(c) Documentation: A SNT can only document on the Clinical Care Record (flow sheet). They **CANNOT** chart in the progress notes.

(2) SNTs may work rotating shifts, compressed tours, holidays and weekends.

(3) Reassignments of SNTs will be at the discretion of the Nurse Officer of the Day.


d. VALOR (VA Learning Opportunity Residency) students:

(1) Documentation: A VALOR student may complete progress notes and education notes which are co-signed by a RN.

(2) May not work compressed tours except when working with an assigned preceptor rotating through a pre-assigned compressed work schedule.

(3) Are limited to 400 program hours (initial funding) unless additional hours are approved.

3. **RESCISSION:** Nursing Policy 10, dated March 2017.

  
\_\_\_\_\_  
CHERYLE KELLY, RN, MSN  
Associate Director, Patient Services

Date:

**STUDENT NURSE TECHNICIAN KNOWLEDGE AND SKILL INVENTORY**

Student Name \_\_\_\_\_  
 Date projected for Graduation \_\_\_\_\_  
 Name of School of Nursing \_\_\_\_\_

KNOWLEDGE/SKILL	Instruction and Demonstration Completed	Has <u>Not</u> Been Covered in Nursing School Curriculum	Directly Observed Correct Technique by Supervising Registered Nurse Whose Signature Appears Below	Date
<b>Patient Hygiene:</b>				
Bed bath				
Shower/tub bath				
Oral care				
Nail/hair/skin care				
Occupied bed change				
<b>Vital Signs:</b>				
Blood pressure				
TPR				
<b>Patient Mobilization:</b>				
Turning/proper positioning				
Ambulating with assist				
<b>Body Mechanics</b>				
<b>Isolation Principles</b>				
Contact Precautions				
Contact Plus Precautions				
Airborne Precautions				
Droplet Precautions				
Neutropenia Precautions				
<b>Dressing Changes:</b>				
Sterile dry				
Sterile wet-to-dry				
Simple wound packing				
<b>Application of Restraints:</b>				
Side rails				
Wrist/ankle				
Vest				
Geriatric chair				
Leather restraints				
<b>Tracheostomy Care:</b>				
Suctioning				
Trach Care				
Dressing Change				
<b>Urinary Catheterization:</b>				
Intermittent				
Dependent drainage				
Catheter care				
Irrigation				
External catheter				
Urimeter				
Bladder scanner				
<b>Intake &amp; Output Measurements:</b>				
Routine				
Hourly				
Fecal bag				
<b>Tube Feedings:</b>				
Nasogastric				

Gastrostomy/jejunostomy				
Intermittent				
Continuous				
Feeding pump				
Residual check				
<b>Miscellaneous:</b>				
Cooling mattresses				
Heating pads				
Compression stockings				
Antiembotic hose				
Ostomy care				
Air mattresses				
Dirty Equipment Processing				
<b>Blood Glucose Monitoring</b>				
<b>Drawing Venous Blood Specimens</b>				
<b>Insert IV Catheters</b>				

Comments:

\_\_\_\_\_  
Signature of Nursing School Instructor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# VALOR Preceptor/Student Clinical Evaluation Report

## Truman VA



This document was developed to be used by students and preceptors who are participating in the VALOR program at the Truman VA Medical Center.

The preceptors will evaluate the students' contribution to patient care during and at the conclusion of the assigned commitment.

**Student:** \_\_\_\_\_

**Dates of VALOR Assignment:** \_\_\_\_\_

**Preceptor:** \_\_\_\_\_

**Unit Assigned:** \_\_\_\_\_

**Unit Manager:** \_\_\_\_\_

**Rating Scale****Preceptor = Rate the students' contribution to patient care**

5 = Exceptional

4 = Very Good

3 = Average

2 = Poor

1 = No opportunity

**1. Apply the nursing process in caring for veterans in varying stages of health and illness through use of scientific knowledge and analysis and interpretation of data.**

Learning Experience and the opportunity to:	Preceptor				
	1	2	3	4	5
• independently gather data from multiple sources (e.g. medical record, patient and family, other professionals)					
• analyze and interpret data using sound clinical judgment					
• consistently revise care based on continuous assessment					
• use critical thinking skills to question own thinking as well as that of others					
• transfer knowledge from one situation to another					
• initiate basic emergency interventions when needed					
• provide care to the adult and geriatric veteran patient utilizing appropriate cognitive, physical and emotional interventions.					
• organize and prioritize work assignments with the assigned RN					

**2. Use therapeutic communication with the intent of developing a professional, helping relationship with patients.**

Learning Experience and the opportunity to:	Preceptor				
	1	2	3	4	5
• display caring and compassion towards patient and family					
• maintain a therapeutic demeanor despite stressful situations					
• able to establish a plan of care that reflects patient goals					
• use techniques such as attentive listening, conveying					

**Rating Scale**

**Preceptor** = Rate the students' contribution to patient care

5 = Exceptional

4 = Very Good

3 = Average

2 = Poor

1 = No opportunity

acceptance, asking related questions, clarifying, focusing, stating observations, maintaining silence, and summarizing					
• establish rapport with patients who display anxiety or anger					
• apply customer service principles					

**3. Evaluate patient outcomes and apply critical thinking to change practice patterns.**

Learning Experience and the opportunity to:	Preceptor				
	1	2	3	4	5
• compare patient progress to established goals and standards					
• modify plan of care based on assessment of new needs or changed priorities					
• evaluate effectiveness of nursing care and medical interventions					
• suggest alternative approaches for delivery of care					
• ask questions of preceptors reflective of critical thinking processes					

**4. Apply relevant research findings in nursing practice and identify clinical problems that need to be investigated with the intent of enhancing clinical practice.**

Learning Experience and the opportunity to:	Preceptor				
	1	2	3	4	5
• use evidence-based research to guide nursing practice					
• participate in unit PI projects through data collection, analysis and planning					
• collaborate with Nurse Manager on nursing research projects and share with others					

**Rating Scale****Preceptor = Rate the students' contribution to patient care**

5 = Exceptional

4 = Very Good

3 = Average

2 = Poor

1 = No opportunity

**5. Demonstrate effective communication skills (oral, written, and non-verbal) with colleagues and other healthcare professionals.**

Learning Experience and the opportunity to:	Preceptor				
	1	2	3	4	5
• use appropriate channels to convey and seek information					
• initiate collaboration with other health care providers					
• accurately document assessments, interventions, and patient responses					
• use professional terminology, vocabulary, spelling, and grammar					
• practice handoff communications in a variety of situations including shift-to-shift report					
• support of EEO principles and respect for cultural diversity among colleagues and patients					

**6. Collaborate with patients, families, and other healthcare professionals to provide continuity of care within and outside the organization.**

Learning Experience and the opportunity to:	Preceptor				
	1	2	3	4	5
• collaborate with patient, family, and other providers when selecting appropriate services for continuity of care					
• assess patient /family for continuing care needs post discharge					
• make referrals, as appropriate, and assure that handoff communications on discharge or transfer are complete and accurate through effective communication					
• participate in a minimum of two experiences off the unit					



**Rating Scale**

**Preceptor** = Rate the students' contribution to patient care

5 = Exceptional

4 = Very Good

3 = Average

2 = Poor

1 = No opportunity

**7. Serve as an advocate to protect the rights, diversity and worth of patients.**

Learning Experience and the opportunity to:	Preceptor				
	1	2	3	4	5
• protect patients right to confidentiality					
• assist patient in developing skills so they can advocate for themselves					
• deliver care in a nonjudgmental and nondiscriminatory manner					
• seek available resources in formulating ethical decisions					
• apply legal and ethical principles of the Patient Self Determination Act, Patient Bill of Rights and Advance Directives					

**8. Use a systems approach follow prescribed processes established to assure the safety of the patient.**

Learning Experience and the opportunity to:	Preceptor				
	1	2	3	4	5
• deliver care in consideration of JCAH National Patient Safety Goals					
• review how to assign or delegate tasks based on the needs of the patient, the potential for harm, the stability of the patient's condition, the complexity of the task, and the predictability of the outcome					
• recognize less than optimal patient safety practices and take appropriate action to correct					
• utilize least restrictive approaches to assure minimal use of restraints and assure patient safety					

**Rating Scale**

**Preceptor = Rate the students' contribution to patient care**

- 5 = Exceptional
- 4 = Very Good
- 3 = Average
- 2 = Poor
- 1 = No opportunity

**9. Demonstrate leadership in nursing and within the healthcare delivery system.**

Learning Experience and the opportunity to:	Preceptor				
	1	2	3	4	5
• observe interdisciplinary roles, evidencing a “systems” approach to care					
• participate in creating positive organizational change					
• observe organizational “change agents” and discuss what qualities make them effective in that role					
• dependability and reliability in fulfilling work commitments					
• recognize the “cost” of health care - the significance of conservation of resources					

**10. Demonstrate accountability for professional nursing practice by identifying individual learning needs, planning appropriate learning activities, and performing self-evaluations.**

Learning Experience and the opportunity to:	Preceptor				
	1	2	3	4	5
• identify and seek experiences to achieve personal/professional goals					
• assess own performance and seek assistance to improve through appropriate education or experience					
• seek feedback from preceptor and others					
• display a confident, cooperative attitude					
• contribute to a supportive and healthy work environment					
• seek internal and external educational opportunities					

6/14

**Overall the practical application of learned nursing skills was:**

- Similar to other student employment clinical assignments**
- Superior to other student employment clinical assignments**
- Less than other student employment clinical assignments**

**Additional Comments** (use reverse also):

## STUDENT NURSE TECHNICIAN & VALOR SNT SKILLS INVENTORY COMPETENCY VERIFICATION

Name: \_\_\_\_\_ Unit: \_\_\_\_\_ Date: \_\_\_\_\_ Position: SNT or VALOR SNT

Student Nurse Technicians function under the supervision of a registered nurse. They may perform all the functions of an SNT consistent with their academic experience. SNT/VALOR SNT Preceptors ensure the SNT/VALOR SNT function safely prior to doing these skills unsupervised according to VA policies and procedures. The following SNT skills may be performed independently once competency is validated by the RN PRECEPTOR. (REMINDER: A SNT including a VALOR SNT may NOT administer any medications, IV fluids, or blood products). A SNT can only document on the Clinical Care Record (flow sheet). A VALOR SNT may complete a progress notes and education notes which are co-signed by a RN.) VALOR SNT are to be paired with their RN Preceptor and buddy with that RN for their 400 hours.

KNOWLEDGE/SKILLS for SNT/ VALOR SNT Role	Orientee Initials &	Document Evaluation Method Used	P= Prior Knowledge, verbalizes critical elements of process/skill	D= Demonstration of skill	P.O =Preceptor Observation	TB= Teach Back (Verbalization of	Date of RN Preceptor Evaluator	RN Preceptor Evaluator initials
<b>Patient Hygiene:</b>								
Bed bath								
Shower/tub bath								
Oral care								
Nail/hair/skin care								
Occupied bed change								
<b>Vital Signs:</b>								
Blood pressure								
TPR								
<b>Patient Mobilization:</b>								
Turning/proper positioning								
Ambulating with assist								
<b>Body Mechanics</b>								
<b>Isolation Principles</b>								
Contact Precautions								
Contact Plus Precautions								
Airborne Precautions								
Droplet Precautions								
Neutropenia Precautions								
<b>Dressing Changes:</b>								
Sterile dry								
Sterile wet-to-dry								
Simple wound packing								
<b>Application of Restraints:</b>								
Side rails								
Wrist/ankle								
Vest			Discuss N/A for this VA					

KNOWLEDGE/SKILLS for SNT/ VALOR SNT Role	Orientee Initials &	Document Evaluation Method Used  P= Prior Knowledge, verbalizes critical elements of process/skill  D= Demonstration of skill  P.O =Preceptor Observation  TB= Teach Back (Verbalization of	Date of RN Preceptor Evaluator	RN Preceptor Evaluator Initials
Geriatric chair		Discuss N/A for this VA		
Leather restraints		Discuss N/A for this VA		
<b>Tracheostomy Care:</b>				
Suctioning				
Trach Care				
Dressing Change				
<b>Urinary Catheterization:</b>				
Intermittent				
Dependent drainage				
Catheter care				
Irrigation				
External catheter				
Urometer				
Bladder scanner				
<b>Intake &amp; Output Measurements:</b>				
Routine				
Hourly				
Fecal bag				
<b>Tube Feedings:</b>				
Nasogastric				
Gastrostomy/jejunostomy				
Intermittent				
Continuous				
Feeding pump				
Residual check				
<b>Miscellaneous:</b>				
Cooling mattresses				
Heating pads				
Compression stockings				
Antiembolic hose				
Ostomy care				
Air mattresses				
Dirty Equipment Processing				
<b>Blood Glucose Monitoring</b>				
<b>Drawing Venous Blood Specimens</b>				
<b>Insert IV Catheters</b>				

**I validate that I reviewed and followed Harry S Truman Memorial Veterans Hospital Policies and Procedures while performing any of the above skills.**

SNT SIGNATURE: \_\_\_\_\_ DATE FORM COMPLETED: \_\_\_\_\_

**I validated that this individual safely performed the skills above in accordance with Harry S Truman Memorial Veterans Hospital Policies and Procedures.**

RN PRECEPTOR EVALUATOR INITIAL & SIGNATURE: \_\_\_\_\_

RN PRECEPTOR EVALUATOR INITIAL & SIGNATURE: \_\_\_\_\_

RN PRECEPTOR EVALUATOR INITIAL & SIGNATURE: \_\_\_\_\_

RN PRECEPTOR EVALUATOR INITIAL & SIGNATURE: \_\_\_\_\_

**List any other skills performed by your RN Preceptor or observational experiences of which you participated in while working as a VALOR SNT. Attach pages as needed.**



# VALOR FORMS TO BE COMPLETED ON LAST CLINICAL DAY AND RETURNED TO VALOR SNT COORDINATOR, Susan McCoy LO 526.

-Please check in with Susan during your last 40 hours to ensure that there are no changes or no additional request from the National office.

Complete on last day and return:

- VALOR Student Exit Evaluation
- VALOR Student Evaluation of Preceptor
- Nursing Assistant Orientation Self-Assessment Checklist (Post Program)
- VALOR Student Self-Assessment (Post Program)





## VALOR Student Exit Evaluation

Please complete the following information.  
Circle the appropriate response to the statement given.

Name \_\_\_\_\_

Date \_\_\_\_\_

1. The material of the program was worthwhile.

**Strongly Agree**      **Agree**      **Neutral**      **Disagree**      **Strongly Disagree**

2. My personal objectives were met.

**Strongly Agree**      **Agree**      **Neutral**      **Disagree**      **Strongly Disagree**

3. The program was valuable to me.

**Strongly Agree**      **Agree**      **Neutral**      **Disagree**      **Strongly Disagree**

4. I was able to progress at my own pace.

**Strongly Agree**      **Agree**      **Neutral**      **Disagree**      **Strongly Disagree**

5. The clinical experience was superior to academic clinical rotations.

**Strongly Agree**      **Agree**      **Neutral**      **Disagree**      **Strongly Disagree**

6. How can the program be improved?

7. What did you like **best** about the program?

8. What did you like **least** about the program?

Would you like to be contacted about job opportunities at a different VA facility?

E-mail address \_\_\_\_\_

Phone Number \_\_\_\_\_



## VALOR Student Evaluation of Preceptor

Please complete the following information with regard to your Preceptor.  
Circle the appropriate response to the statements given.

Name of Preceptor \_\_\_\_\_

Date \_\_\_\_\_

Your Name \_\_\_\_\_

1. My preceptor modeled the professional role in a manner that enhanced my learning.

**Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree**

2. My preceptor provided me with new experiences which enhanced my learning.

**Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree**

3. My preceptor supported me in becoming more independent in providing care throughout the practicum experience.

**Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree**

4. My preceptor provided clear instructions throughout the VALOR Program.

**Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree**

5. I would recommend this preceptor for future students.

**Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree**

What do you feel are the strengths of this preceptor?

What suggestions for change would you offer to your preceptor?



**Harry S. Truman Veterans Hospital**  
**Nursing Assistant Orientation Self-Assessment Checklist (Post-Program)**

**NAME:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please select the column that most accurately describes your proficiency level..... Be honest this is to help your supervisor/preceptors ensure you get the orientation you need to keep our Veterans Safe.

Skills Self -Assessment				Competent	Some Experience	No Experience
Restorative Care						
Activity						
Repositioning/turning						
Gait belt						
Walk with supervision						
Walk with assistance						
Walk with walker						
Dangle						
Up in chair						
Active Range Of Motion						
Passive Range of Motion						
Ceiling lifts						
Hoyer lifts						
Hovermatt for lateral transfers						
LIST OTHERS:						
Personal Care/Hygiene						
Total bed bath						
Tub bath						
Shower						
Prepackaged bath						
Sitz bath						
Hair care						
Shampoo						
Perineal care						
Oral care						
Denture care						
Shave						
Assist with dressing (donning)						
Assist with undressing (doffing)						

Skills Self- Assessment				Competent	Some Experience	No Experience
ELIMINATION						
Monitor BM						
Measure Urine output						
Assist to bathroom						
Assist with bowel program						
Bedside Commode						
Bedpan						
Ostomy Care						
Foley catheter Care						
Discontinue foley catheter						
Drain Care						
Empty drainage bags						
Bladder Scanner operation						
List other elimination activities:						
OBSERVATION OF PATIENT (Vital Signs)						
Take Temperature						
Oral						
Temporal (skin forehead)						
Tympanic						
Other:						
Respiration						
Blood Pressure						
Manual using stethoscope						
BP using automatic machine						
Weight						
Standing scale						
Bed scale						
Pulse Oximeter						

Skills Self -Assessment	Competent	Some Experience	No Experience	Skills Self- Assessment	Competent	Some Experience	No Experience
Care of Adult/Geriatric Patients				Specimen collection			
<b>NUTRITION</b>				Fingerstick Blood sugar			
Serve meal distinguish between:				Phlebotomy (blood draw)			
Low Salt				Sputum collection			
Low fat				Urine Collection			
Bland				Stool Collection			
Mechanical soft				Breathalyzer			
Diabetic				<b>Respiratory Care/Oxygen</b>			
Regular diet				Oxygen N.C.			
Assist with feeding				Oxygen masks			
Swallow precautions				Oxygen regulator			
Encourage fluids				Set up Suction canister			
Other: (list)				Suctioning of the oral cavity			
				<b>Monitoring Patients on Precautions (Handling Disruptive Behavior)</b>			
				Suicide			
<b>Infection Control</b>				Homicide			
Universal Precautions				Elopement			
Blood borne pathogens				Restraints			
Use of Personal Protective Equipment (PPE)				Seclusion			
Single Patient Use Items				Sitter			
Disinfection of any item after being used on patient				<b>OTHER</b>			
				Code Blue			
<b>CARE OF PATIENT ENVIRONMENT</b>				Pneumatic System (tube system)			
Linen change				Peg tube care			
Complete bed change				Dressing changes			
Cleaning Veteran rooms				Splint/brace care			
Keeping hallway decluttered				Stocking rooms			
Laundry				Stocking Supply Carts			
<b>DOCUMENTATION</b>							
Computerized charting							

## VALOR STUDENT & STUDENT NURSE TECHNICIAN SELF-ASSESSMENT (Post-Program)

Name: \_\_\_\_\_ Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Please select the column that most accurately describes your proficiency level. Be honest this is to help your supervisor/preceptors ensure you get the orientation you need to keep our Veterans Safe. (VALOR/SNT students can not do skills unsupervised based off of self-assessment). A similar assessment is sent to your nursing school asking for clinical instructor input.

KNOWLEDGE/SKILL	Competent/Confident in my ability to perform	Some Experience with real patients	Experience limited to simulation lab or classroom	No Experience
<b>Patient Hygiene:</b>				
Bed bath				
Shower/tub bath				
Oral care				
Nail/hair/skin care				
Occupied bed change				
<b>Vital Signs:</b>				
Blood pressure				
TPR				
<b>Patient Mobilization:</b>				
Turning/proper positioning				
Ambulating with assist				
<b>Body Mechanics</b>				
<b>Isolation Principles</b>				
Contact Precautions				
Contact Plus Precautions				
Airborne Precautions				
Droplet Precautions				
Neutropenia Precautions				
<b>Dressing Changes:</b>				
Sterile dry				
Sterile wet-to-dry				
Simple wound packing				
<b>Application of Restraints:</b>				
Side rails				
Wrist/ankle				
Vest				
Geriatric chair				
Leather restraints				
<b>Tracheostomy Care:</b>				
Suctioning				
Trach Care				
Dressing Change				
<b>Urinary Catheterization:</b>				

KNOWLEDGE/SKILL	Competent/Confident in my ability to perform	Some Experience with real patients	Experience limited to simulation lab or classroom	No Experience
Intermittent				
Dependent drainage				
Catheter care				
Irrigation				
External catheter				
Urometer				
Bladder scanner				
<b>Intake &amp; Output Measurements:</b>				
Routine				
Hourly				
Fecal bag				
<b>Tube Feedings:</b>				
Nasogastric				
Gastrostomy/jejunostomy				
Intermittent				
Continuous				
Feeding pump				
Residual check				
<b>Miscellaneous:</b>				
Cooling mattresses				
Heating pads				
Compression stockings				
Antiembotic hose				
Ostomy care				
Air mattresses				
Dirty Equipment Processing				
<b>Blood Glucose Monitoring</b>				
<b>Drawing Venous Blood Specimens</b>				
<b>Insert IV Catheters</b>				

In addition to this list please complete the N.A. and R.N. self-assessment.



# FIRST WEEK FORMS

FORMS TO BE COMPLETED FIRST WEEK AND RETURNED TO VALOR COORDINATOR INCLUDE (these may be given out during nursing orientation).

- Data Collection Tool: VALOR Demographic Information
- Nursing Assistant Orientation Self-Assessment Checklist (Pre-program)
- VALOR SNT Self-Assessment (Pre-program)



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## Data Collection Tool: VALOR

### Demographic Information

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

VA E-mail address: \_\_\_\_\_

Home E-mail address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell phone no: \_\_\_\_\_

Name of BSN Program currently enrolled: \_\_\_\_\_

Projected Date of Graduation: \_\_\_\_\_

Previous non-nursing degree:

AD                                      Master                                      None  
Baccalaureate                      Doctorate                                      Major: \_\_\_\_\_

EOD (Date started at Truman) \_\_\_\_\_

Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch of the service (please circle)?

Army                      Air Force                      Marines                      Navy                      Coast Guard

Status (please circle):

Veteran                                      Active Duty                                      Reserves

Did you serve in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) ?

Yes                      No

Did you use the GI Bill to pay for your education?                      Yes                      No

Unit assigned: \_\_\_\_\_ Primary Shift: \_\_\_\_\_

Nurse Manager: \_\_\_\_\_

Name/s of preceptor/s: Primary preceptor : \_\_\_\_\_



**Harry S. Truman Veterans Hospital  
Nursing Assistant Orientation Self-Assessment Checklist (Pre-Program)**

**NAME:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please select the column that most accurately describes your proficiency level..... Be honest this is to help your supervisor/preceptors ensure you get the orientation you need to keep our Veterans Safe.

<b>Skills Self -Assessment</b>	<b>Competent</b>	<b>Some Experience</b>	<b>No Experience</b>	<b>Skills Self- Assessment</b>	<b>Competent</b>	<b>Some Experience</b>	<b>No Experience</b>
Restorative Care				<b>ELIMINATION</b>			
<b>Activity</b>				Monitor BM			
Repositioning/turning				Measure Urine output			
Gait belt				Assist to bathroom			
Walk with supervision				Assist with bowel program			
Walk with assistance				Bedside Commode			
Walk with walker				Bedpan			
Dangle				Ostomy Care			
Up in chair				Foley catheter Care			
Active Range Of Motion				Discontinue foley catheter			
Passive Range of Motion				Drain Care			
Ceiling lifts				Empty drainage bags			
Hoyer lifts				Bladder Scanner operation			
Hovermatt for lateral transfers				List other elimination activities:			
LIST OTHERS:							
<b>Personal Care/Hygiene</b>				<b>OBSERVATION OF PATIENT (Vital Signs)</b>			
Total bed bath				Take Temperature			
Tub bath				Oral			
Shower				Temporal (skin forehead)			
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Encourage fluids				Set up Suction canister			
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Computerized charting							

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<b>Body Mechanics</b>				
<b>Isolation Principles</b>				
Contact Precautions				
Contact Plus Precautions				
Airborne Precautions				
Droplet Precautions				
Neutropenia Precautions				
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Sterile wet-to-dry				
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Leather restraints				
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Suctioning				
Trach Care				
Dressing Change				
<b>Urinary Catheterization:</b>				

KNOWLEDGE/SKILL	Competent/Confident in my ability to perform	Some Experience with real patients	Experience limited to simulation lab or classroom	No Experience
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Bladder scanner				
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Fecal bag				
<b>Tube Feedings:</b>				
Nasogastric				
Gastrostomy/jejunostomy				
Intermittent				
Continuous				
Feeding pump				
Residual check				
<b>Miscellaneous:</b>				
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Heating pads				
Compression stockings				
Antiembolic hose				
Ostomy care				
Air mattresses				
Dirty Equipment Processing				
<b>Blood Glucose Monitoring</b>				
<b>Drawing Venous Blood Specimens</b>				
<b>Insert IV Catheters</b>				

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