

Plan for Improvement

TO: _____
FROM: Patricia O'Neill, R.N., M.S.N., CCRN
DATE: _____
RE: Program Policies/Immunization Data and/or CPR

I have identified that you must improve your performance in the following:

1. Compliance with nursing department program policies, regarding immunization data and/or CPR . As stated in Nursing Student Handbook:

"Students are required to provide documentation of CPR certification and PPD status on the first day of each nursing course. **No CPR certification or PPD may expire during the quarter.** All documentation must be appropriate for the entire quarter, before the first day of clinical.*"

In order to evaluate your progress, you must:

- A. Maintain 100% compliance with all program rules.
- B. Submit PPD results within one week of this writing to either Patricia O'Neill (Instructor) or Judith Clavijo (Program Director); clinical can resume after either I observe result or I am informed by Ms. Clavijo or Ms. Hrycyk of the results.
- C. Maintain 100% compliance with all policies, deadlines, and expectations for Nursing 86 and Nursing 86L.
 - a. You must complete your preceptorship within the 8 weeks allowed (i.e., you are not being given any "extra time.")

By end of program, you must demonstrate accurate performance of the designated clinical behaviors. At that time your retention in the nursing program will be decided.

Clinical instructor(s) will provide you with verbal or written feedback on an as-needed basis.

The following signatures indicate that the student has read and has had the opportunity to discuss this Plan.

Student_____ Date_____

Instructor_____ Date_____

The following signature indicates that the student has been presented with this Plan and has refused to sign.

Faculty_____ Date_____
(Needed only if the student refuses to sign the Plan)

Plan for Clinical Improvement Outcome:

* De Anza College Department of Nursing Student Handbook..