**Notice of Documented Warning**

**College of St. Benedict/St. John’s University Department of Nursing**

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| --- | --- |
| **Student Name:** | **Faculty:** |
| **Date(s) of documented warning(s):** | **Course Coordinator(s):** |
| **Date(s) of written notification:**  | **Course(s):** |

**Infractions are related to the following:**

\_\_\_\_\_Student is exhibiting minor, correctable unsatisfactory behaviors (Minor, Correctable Infraction)

**RATINGS:**

S = Satisfactory: Consistently displays behavior with little to no prompting

U = Unsatisfactory: Does not/inconsistently displays the behavior, needs prompting and/or requires improvement

N = Not observed

|  |  |  |  |
| --- | --- | --- | --- |
| **Standards of Professional Performance** | **S** | **U** | **N** |
| **QUALITY OF PRACTICE AND EDUCATION** Examples include but are not limited to: |  |  |  |
| A. Provides safe nursing care during clinical experiences |  |  |  |
| B. Punctual, attendance within expectations |  |  |  |
| C. Completes tasks and assignments on time |  |  |  |
| D. Completes tasks with minimal supervision |  |  |  |
| E. Attentive and engaged in and out of the classroom |  |  |  |
| F. Commitment to high academic standards; does not just “put in the time” |  |  |  |
| G. Demonstrates application of theoretical knowledge to clinical setting |  |  |  |
| H. Verbal communication is professional |  |  |  |
| I. Nonverbal communication is professional |  |  |  |
| J. Responsive to communication cues with appropriate situational adjustments |  |  |  |
| K. Documentation is professional, legible, and complete |  |  |  |
| L. Listens actively |  |  |  |
| M. Courteous, polite |  |  |  |
| N. Compassionate, supportive, reassuring |  |  |  |
| O. Reliable and dependable |  |  |  |
| P. Demonstrates sound judgment and clinical decision-making |  |  |  |
| Q. Able to set priorities |  |  |  |
| R. Responds appropriately to the emotional response of self, patients, clients, and/or family members |  |  |  |
| S. Adheres to Department of Nursing/clinical site dress code |  |  |  |
| T. Adequate personal hygiene and grooming |  |  |  |
|  |  |  |  |
| **PRACTICE EVALUATION AND LEADERSHIP** Examples include but are not limited to: |  |  |  |
| A. Demonstrates awareness of strengths and limitations |  |  |  |
| B. Seeks assistance in evaluating practice when appropriate |  |  |  |
| C. Accepts constructive feedback in a positive manner |  |  |  |
| D. Takes initiative to improve and/or correct behavior |  |  |  |
| E. Intervenes appropriately before issues become problems |  |  |  |
| F. Demonstrates thoughtful self-reflection |  |  |  |
| G. Remains flexible and open to change |  |  |  |
|  |  |  |  |
| **COLLEGIALITY AND COLLABORATION** Examples include but are not limited to: |  |  |  |
| A. Attitude is collegial and cooperative |  |  |  |
| B. Accepts and completes responsibility for own share of group work |  |  |  |
| C. Shows respect and consideration for all group members |  |  |  |
| D. Gives appropriate and timely feedback to other group members |  |  |  |
| E. Communicates with others to resolve problems |  |  |  |
| F. Respectfully acknowledges and discusses personal feelings and feelings of others |  |  |  |
|  |  |  |  |
| **ETHICS** Examples include but are not limited to: |  |  |  |
| A. Adheres to ANA Code of Ethics |  |  |  |
| B. Prevents personal bias or feelings from interfering with professional interactions |  |  |  |
| C. Focuses on the needs of patients, clients, and/or family |  |  |  |
| D. Protects and respects patient autonomy, confidentiality and dignity |  |  |  |
| E. Maintains appropriate professional boundaries |  |  |  |
| F. Demonstrates a commitment to practicing self-care, managing stress, and connecting with self and others |  |  |  |
| G. Trustworthy  |  |  |  |
| H. Honest |  |  |  |
| I. Respectful of others’ time (when requesting appointments, information, etc.) |  |  |  |
| J. Demonstrates sensitivity to vulnerable and/or diverse individuals and/or populations |  |  |  |
| K. Advocates for patient, client, and/or family |  |  |  |

**Narrative description of cause for documented warning OR see narrative on Clinical Evaluation Form dated\_\_\_\_\_\_\_\_\_\_\_:**

**Verbal and/or written feedback given to student:**

**Specific requirements to demonstrate improvement (time frame):**

[Student Name] will:

**Term and Consequences:**

\_\_\_\_\_\_ This is a minor, correctable infraction verbal feedback was provided to the student, **no contract is required at this time.**

**Failure to meet the conditions of the documented warning within the designated time frame will result in further disciplinary action.**

The documented warning is stored securely in the student file in the Department of Nursing and a copy is provided to the student.

Communication across courses is essential for appropriate follow-up and student guidance. Therefore, the chair of APR committee will update the Department of Nursing Faculty Organization about those students who have received a documented warning. The documented warning information will be entered into the disciplinary procedure tracking document accessible only to faculty with the Department of Nursing. The student’s name will be deleted from the tracking document upon graduation.

A copy of the documented warning will be retained in the student’s file until graduation.

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty initiating warning

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature (Indicates the student received this documentation).

*This form was approved by faculty of the Department of Nursing 3/23/2020.*