UNIVERSITY OF SOUTHERN INDIANA
KINNEY COLLEGE OF NURSING AND HEALTH PROFESSIONS
UNDERGRADUATE NURSING PROGRAM
SKILLS MASTERY SUPPORT PLAN

Student Name _____ Date _____

Course _____

Performance does not meet the established skill competency criteria, as shown by the following behaviors:

The student did not successfully demonstrate _____ on the first attempt. Specific areas for improvement include: (*The instructor will provide a clear description listing every behavior that did not meet the competency*.)

The student's performance does not meet the following lab objectives: (*The instructor will copy the specific lab objective from the lab evaluation or course description/ objectives.)*

The following plan is established with the student to promote successful skill development and competency.

1. Review the correct technique for the skill. (*The instructor will provide specific examples such as textbook page numbers or tables, skills checklist, and ATI Skills 3.0.*)
2. Schedule time to practice the skill in the Clinical Simulation Center or the skills lab. *(The instructor will provide more information about where to practice, how much time to practice, and/or how many repetitions are required. SimCapture™ will log the time in the Sim Center*.)
3. Attend peer tutoring to gain peer feedback. (*The instructor will provide a peer feedback form [in development] for the tutor to complete, and the student will turn it in to the lab instructor or coordinator. Also, attendance will be captured on the Peer Tutor Attendance Sheet.)*
4. Plan to re-demonstrate the skills with the lab instructor on (*date, time, place)*_____.

If unsuccessful on the second attempt, a third and final attempt will be granted. The following actions will be required:

1. The student must repeat the above remediation and also schedule a time with the lab instructor for 1:1 skill practice with instructor feedback and support on _____. (*Faculty will include date, time, and place*.)
2. Plan to re-demonstrate the skills with the lab instructor on *(time and date)* _____. Two instructors will be present to witness the execution of the skill for the 3rd attempt.

An unsuccessful demonstration on the third attempt will result in not meeting lab requirements for competency and course failure.

A copy of this plan will be placed in the student's file and will be available for review with nursing faculty in subsequent courses.

Faculty_____Date _____

Student_____Date_____

Student Comments:

Outcome of Plan:

Faculty _____

Date_____